

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H94055

(1)

1. Corporation Name

LA PAZ BROADCASTING, INC.

Principal Place of Business

103 WILDER BLVD
DAYTONA BEACH FL 32114

Mailing Address

103 WILDER BLVD
DAYTONA BEACH FL 32114



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

OSTERNDORF, RICHARD J.
103 WILDER BOULEVARD
DAYTONA BEACH FL 32114

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

01/13/1986

3a. Date of Last Report

01/25/1995

4. FEI Number

59-2617937

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0902 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0905, Florida Statutes.

SIGNATURE

(Sign and type printed name of officer or director on this line)

(Type full name of registered agent on this line)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME WELCH, ANTHONY DEHARO
STREET ADDRESS 136 HERITAGE CIRCLE
CITY-STATE-ZIP ORMOND BEACH FL

☐ DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE D
NAME WELCH, SHIRLEY HAYES
STREET ADDRESS 136 HERITAGE CIRCLE
CITY-STATE-ZIP ORMOND BEACH FL

☐ DELETE

2. TITLE
3. NAME
4. STREET ADDRESS
5. CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

10. TITLE
11. NAME
12. STREET ADDRESS
13. CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

14. TITLE
15. NAME
16. STREET ADDRESS
17. CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

18. TITLE
19. NAME
20. STREET ADDRESS
21. CITY-STATE-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Anthony Dehara Welch* ANTHONY DEHARO WELCH/PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96

904/253-0000

CR2E034 (12/95)